

VA HEALTHCARE SERVICES

2002 Edition

Information about Veteran and TRICARE Eligibility, Enrollment,
and Available Services

VA Palo Alto Health Care System
3801 Miranda Ave, Palo Alto, CA 94304-1290
(650) 493-5000
www.palo-alto.med.va.gov



Welcome

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This guide is designed to help VETERANS and TRICARE beneficiaries identify and access the wide array of healthcare services provided by the VA Palo Alto Health Care System (VAPAHCS). We welcome the opportunity to serve you and to meet your healthcare needs.

VAPAHCS serves the healthcare needs of eligible veterans from all eras of conflict and military service, as well as TRICARE beneficiaries. We strive to provide innovative, customer oriented and compassionate patient care that enhances the quality of life of veterans. Reaching from Monterey to Stockton, with almost 2,800 employees, over 900 beds and more than 400,000 outpatient visits annually, we are one of the most comprehensive healthcare systems in the United States.

We are a major tertiary referral center for other VA facilities providing state-of-the-art diagnostic, medical, primary, psychiatric, surgical and specialty care. Our affiliations with Stanford University School of Medicine and numerous other colleges and universities enable us to provide premier educational and research programs. We are proud to be PUTTING VETERANS FIRST.

Commitment to Quality VA Palo Alto Health Care System (VAPAHCS) achieved accreditation from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) after an onsite review October 1-5, 2001. The review found that VAPAHCS has demonstrated overall compliance with JCAHO's national standards for health care delivery. Formed in 1951, the JCAHO is dedicated to improving the quality of the nation's health care through voluntary accreditation. JCAHO accreditation standards exceed federal and state requirements and because it is a voluntary program, accreditation represents the VAPAHCS's decision to be recognized for its efforts to provide high quality care.

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VETERAN ELIGIBILITY

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Veterans with an honorable discharge from active duty military service are eligible for VA healthcare. Veterans who originally enlisted in the armed forces after September 7, 1980 or entered active duty after October 16, 1981 must have served a minimum of 2 years active duty service or meet one of the following criteria:

- Discharged for a service connected disability,
- Discharged on a hardship or "early-out" basis,
- "Active duty for training purposes only" does not qualify a veteran to be eligible to receive VA medical care. Veterans with "other than honorable" discharges must have their eligibility determined on an individual basis.

Eligibility for Philippine Army Service, Guerillas and Old and New Philippine Scouts: Old (or Regular) Philippine Scouts (who ENLISTED PRIOR TO October 6, 1945, into the Armed Forces of the United States), have the same eligibility as veterans of the U.S. Armed Forces. Commonwealth Army Veterans: (7-26-41 to 6-30-46), Recognized Guerillas: (Apr 1942 to June 1946), & New Philippine Scouts (10-6-45 to 6-30-47) have limited eligibility: On October 27, 2000, Public Law 106-377, the Department of Veterans Affairs and Housing and Urban Development and Independent Agencies Appropriations Act, 2001, was enacted authorizing VA to provide hospital, nursing home and outpatient medical care to certain Filipino veterans in the same manner such care is provided to service-connected U.S. veterans. Service-connected Filipino Commonwealth Army Veterans and those who were recognized by authority of the U.S. Army as belonging to organized Filipino Guerilla forces, who reside in the United States and are citizens or lawfully admitted for permanent residence, are now eligible for the care as provided in Public Law 106-377. New Filipino Scouts are not covered by this change. Note: Title 38 United States Code Section 1734 provide care for a service-connected disability of New Filipino Scouts within the limits of VA facilities. The above highlighted criteria is not all inclusive and other factors may apply (e.g., psychosis). Please contact the Business Office at any of our locations for more information.

• ENROLLING FOR CARE

In October 1996, Congress passed Public Law 104-262, the Veterans' Health Care Eligibility Reform Act. This act led the creation of a Uniform Benefits Package – a standard enhanced health benefits plan available to all enrolled veterans. To receive health care under the Uniform Benefits Package, most veterans must first be enrolled.

A veteran can enroll by completing an application for medical benefits, VA form 10-10 EZ. The application can be obtained by contacting one of the VA Health Care facilities listed in the back of this brochure, or by calling the toll-free number 1-877-222 VETS (1-877-8387). The 10-10EZ is also available on line at www.va.gov/health/elig.

Once enrolled, you will normally remain enrolled for one year. Your enrollment will be reviewed and renewed annually, depending on your priority group and available VA resources.

Seven priority groups have been established to help ensure that VA resources are allocated to veterans with the highest priority for VA Care.

Priority level funding may change from year to year, depending on Congressional appropriations. If VA is unable to renew your enrollment for the following year, you will be notified 60 days before their current enrollment period expires.

"Legislated" Priority Levels

Priority 1

Veterans with service-connected disabilities rated 50% or more

Priority 2

Veterans with service-connected disabilities rated 30% or 40%.

Priority 3

Veterans who are former POWs

Veterans with service-connected disabilities rated 10% or 20%

Veterans discharged from active duty for a disability incurred or aggravated in the line of duty.

Veterans who received the Purple Heart

Veterans awarded special eligibility classification under 38 U.S.C., Section 1151, "benefits for individuals disabled by treatment or Vocational rehabilitation"

Priority 4

Veterans who are receiving aid and attendance or housebound benefits

Veterans who have been determined by VA to be catastrophically disabled

Priority 5

Nonservice-connected veterans and noncompensable service-connected veterans rated 0% disabled, whose annual income and net worth are below the established dollar thresholds

Priority 6

All other eligible veterans who are not required to make co-payments for Their care, including:

- World War 1 and Mexican Border War Veterans
- Veterans seeking care solely for disorders associated with: exposure to herbicides while serving in Vietnam; or exposure to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki; or for disorders associated with service in Gulf War; or for any illness associated with service in combat in a war after the Gulf War or during a period of hostility after November 11, 1998
- Compensable 0% service-connected veterans

Priority 7

Nonservice-connected veterans and noncompensable 0% service-connected veterans with income and net worth above the established dollar thresholds and net worth above the established dollar thresholds and who agree to pay specified co-payments.

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COPAYMENT REQUIREMENTS.

Veterans meeting any of the following criteria are not subject to the copayment requirements for inpatient hospital care or outpatient medical services.

- Veteran with a compensable service-connected disability.

- Veteran who is a former prisoner of war.
- Veteran awarded a Purple Heart.
- Veteran who was discharged or released from active military service for a disability incurred or aggravated in the line of duty.
- Veterans who were exposed to herbicides while serving in Vietnam, to ionizing radiation during atmospheric testing and in the occupation of Hiroshima and Nagasaki, or exposed to an environmental hazard while serving in the Persian Gulf and need treatment for a condition that might be related to such exposures.
- Veterans receiving a VA pension.
- Veterans of World War I.
- Counseling and care for sexual trauma as authorized under 38 U.S.C 1720D.
- Veterans whose income is below the **Means Test Threshold** and whose net worth is valued at less than \$80,000. (*Below the “Means Test threshold” is defined as those veterans whose attributal income and net worth is such that they are unable to defray the expenses of care and therefore are not subject to copayment charges for hospital and outpatient medical services*). The Means Test Thresholds for Calendar Year 2002 are:
 1. Veterans with no dependents: \$24,304
 2. Veterans with one dependent: \$29,168
 3. Veterans with two dependents: \$30,799
 4. Veterans with three dependents: \$32,428
 5. Veterans with four dependents: \$34,058
 6. Veterans with five dependents: \$35,688

(Add \$1,630 for each additional dependent after the fifth dependent)

What does the VA consider Income?

When conducting a Means Test (financial assessment) the VA considers your income to include social security, U.S. Civil Service retirement, U.S. Railroad retirement, military retirement, unemployment insurance, any other retirement, total wages from all employers, interest and dividends, workers’ compensation, black lung benefits, and any other gross income for the calendar year prior to your application for care.

The income of your spouse and dependents as well as market value of your stocks, bonds, notes, individual retirement accounts, bank deposits, savings accounts, cash, etc. are also used.

Your debts are subtracted from your assets to determine your net worth. However, your primary residence and personal property are excluded from this assessment.

You will not be required to provide proof of income or net worth beyond filling out VA Form 10-10EZ, Application for Medical Benefits, at the time you apply for care; however, VA has the authority to compare information you provide with information from the Internal Revenue Service or other U.S. Federal Agency.

NOTE: Only those veterans applying for free medical care under the **Means Test** eligibility criteria are required to undergo a financial assessment.

COPAYMENT FEES FOR MEDICAL CARE

Veterans required to make a copayment for their medical care will be charged the following fees:

- A copayment equal to the Medicare deductible, currently \$812, for the first 90 days of **hospital care** during any 365-day period, plus \$10 per day. For each subsequent 90 days of hospital care during a 365-day period, your copayment rate will be reduced to one half the Medicare deductible rate, plus \$10 per day.
- For each 90 day period of nursing home care, you will be charged the full Medicare deductible rate of \$812, plus a fee of \$5 per day.
- For Outpatient Care, a three-tiered copayment system will be used for assessing copayments on a per visit basis. A veteran will be charged only one copayment per day, regardless of the number of clinical encounters.
 - a. Outpatient visit for preventive screening and/or immunizations:
No Copayment
 - b. Primary Care: \$15 Copayment.
 - c. Specialty Care: \$50 Copayment. A specialty care outpatient visit is an episode of care furnished in a clinic that does not provide primary care, and is generally provided through a referral.

NOTE: The Department of Veterans Affairs is authorized to bill insurance carriers for the cost of medical care furnished to all veterans for non service-connected conditions covered by health insurance policies. Veterans are not responsible and will not be charged for any co-payment or co-insurance required by their health insurance policies.

MEDICATION COPAYMENT

VA is required to charge certain veterans a copayment for each 30-day or less supply of medication provided on an outpatient basis for treatment of a non-service connected condition. The medication co-payment for calendar year 2002 is \$7.

Veterans enrolled in Priority Groups 2, 3, 4, 5 and 6, will have an annual cap of \$840. When a veteran reaches the annual cap, they will continue to receive medications without making a copayment.

The following veterans are exempt from the medication copayment requirements:

- A veteran with a service-connected disability rating of 50% or more or that has been rated as unemployable.
- Medication for a veteran's service-connected disability.
- Medication for a veteran whose annual income does not exceed the maximum annual rate of VA pension.
 1. The base rate is \$9,556
 2. The base rate with one dependent is \$12,516
 3. Add \$1,630 for each additional dependent.

Q) Will I be able to get my medications from VA?

Yes, provided a physician who is employed by the VA prescribes the medication.

Exceptions to this rule can be made in those instances where a veteran chooses or needs to obtain some of his/her care in the community provided his VA Primary Care Physician agrees to co-manage the patient with community provider.

Frequently Asked Enrollment Questions:

Q) What kind of services will I be eligible for if I enroll?

You are eligible for a comprehensive benefit package of inpatient and outpatient services with the important addition of preventive and primary care. These services will include such things as: diagnosis and treatment; rehabilitation; mental health and substance abuse treatment; home health, respite and hospice care; and drugs and pharmaceuticals.

Q) If I enroll in VA, can I receive care anywhere in the VA system?

Yes, once enrolled you are part of a national healthcare system with approximately 1,100 service sites. Generally, you will receive your primary healthcare at the facility you have indicated as your preferred facility. For more specialized treatment, you may have a choice of facilities as recommended by your primary provider. When traveling, you may obtain care at any VA facility.

Q) If I move, how do I change my enrollment information? Simply report any changes in enrollment information to the VA healthcare facility that is your primary care site.

Q) How do I make an appointment to see a physician?

Contact the Telephone Care Program at (650) 496-2579 or 1-800-455-0057.

Dental Eligibility

Outpatient dental treatment provided by VA includes examinations and the full spectrum of diagnostic, surgical, restorative and preventive techniques. The following may be eligible for free dental care:

1. Dental conditions or disabilities that are service-connected and compensable will be treated.
2. Service-connected dental conditions or disabilities that are not compensable may receive one-time treatment if the conditions can be shown to have existed at discharge or within 180 days of release from active service. Veterans who served on active duty for 90 days or more during the Persian Gulf War are included in this category. Veterans must apply to VA for dental care within 90 days following separation. Veterans will not be considered eligible if their separation document indicates that necessary treatment was completed during the 90 days prior to separation.
3. Veterans may receive treatment for service-connected, noncompensable dental conditions resulting from combat wounds or service injuries, and service-connected, noncompensable dental conditions of former prisoners of war who were incarcerated less than 90 days.
4. Veterans who were prisoners of war for 90 days or more may receive complete dental care.
5. Veterans may receive complete dental care if receiving disability compensation at the 100-percent rate for service-connected conditions or if eligible to receive it by reason of unemployability.
6. Nonservice-connected dental conditions that are determined by VA to be aggravating a service-connected medical problem may be treated.
7. Veterans participating in a vocational rehabilitation program may be treated.
8. Veterans may be treated for nonservice-connected dental conditions when treatment was begun while an inpatient in a VA medical center, when it is professionally determined to be reasonably necessary to complete such dental treatment on an outpatient basis.
9. Veterans scheduled for admission to inpatient services or who are receiving medical services may receive outpatient dental care if the dental condition is determined to be complicating a medical condition VA is currently treating.

CARE PROVIDED BY NON-VA SOURCES

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VA is a healthcare provider, not a healthcare insurance carrier. However, VA may pay for some veterans to receive care from non-VA facilities. Veterans must meet strict eligibility requirements. Unless the care is for an emergency, the care must be pre-authorized by VA.

VA Palo Alto Health Care System's Business Office is the only office that can authorize medical care through non-VA sources for veterans residing in the following counties:

Alameda (portions of)	San Mateo (portions of)
Calaveras	Santa Clara
Monterey	Santa Cruz
San Benito	Stanislaus
San Joaquin	Tuolumne

These counties make up the Clinic of Jurisdiction for the VAPAHCS.

If you plan to move and live permanently outside the VAPAHCS' Clinic of Jurisdiction, we can help you apply for treatment in your new location. We can also help you if you are a permanent resident outside our authorization area and have a valid identification (ID) card from the Clinic of Jurisdiction where you live. If you do, that ID card can be used when you are temporarily in our service area. Invoices, for any outpatient treatment you receive in your area, must be sent to the Clinic of Jurisdiction that issued your card.

Important: If you contact VA during a medical emergency, you may be advised to call 911. This does not obligate VA to pay for care received in a non-VA facility.

Outpatient Treatment

Holders of a current VA Fee Basis Outpatient

Outpatient Medical Care Authorization Card (VA Form 10-1174) should follow the instructions on the card for outpatient services.

If you desire a VA Fee Basis Outpatient Medical Care Authorization Card, a request may be submitted to the Clinic of Jurisdiction in which you live. For additional information regarding outpatient services available in the community, please contact your nearest VA facility.

Eligibility for non-VA outpatient medical care is based on the following criteria:

1. A veteran with a service-connected disability rating of 50% or more.
2. A veteran who is participating in a Vocational Rehabilitation Program under 38 U.S.C. Chapter 31 and who is medically determined to be in need of medical services to accomplish the goals of the program.
3. A veteran who received VA hospital care, nursing home care, or domiciliary care, for treatment of a nonservice-connected condition for which treatment was begun as an inpatient/resident.
4. A veteran in receipt of increased pension or additional compensation or allowance based on the need for regular aid and attendance or being housebound.

5. A veteran of World War I or the Mexican Border period.
6. A service-connected veteran is eligible for non-VA care for any service connected disability (including a veteran who was released from the Armed Forces because of a disability incurred in the line of duty, for that disability).

Emergency Care

If you are having a medical emergency, meet ALL eligibility requirements, and VA facilities are not feasibly available, you may receive outpatient treatment from a non-VA physician. However, you **MUST NOTIFY US IMMEDIATELY**. The postmark date of the written request, or the date of the phone call, **MUST BE WITHIN 15 DAYS** of the date when the emergency visit occurred.

Congress recently provided VA with new authority to pay for emergency care in non-VA facilities for veterans enrolled in the VA Health Care System. The new benefit will pay for emergency care rendered for non-service-connected conditions for enrolled veterans who have no other source of payment for the care. If facilities accept VA reimbursement it is considered payment in full and qualifying veterans will be held responsible for hospital charges.

Drugs and Medical Supplies

Veterans who are authorized to use fee basis care must mail their prescriptions to a VA pharmacy to be filled. Medications will be mailed to you as quickly as possible. If your situation is emergent and/or your physician determines that you cannot wait for mailed prescriptions, you may have your local Pharmacist fill your prescription, but you may receive no more than a 10-day supply. The Pharmacist should bill VA directly. Non-Formulary medications may also be made available but must be pre-approved by the VA pharmacy.

Prosthetic Appliances

VA cannot pay for appliances that you or your physicians order directly from private sources. VA under certain circumstances, can pay for repair of appliances. If you have questions about glasses, hearing aids, braces, supports, artificial limbs, wheelchairs, or other appliances or supplies, call the VA Prosthetics and Sensory Aids Service at (650) 493-5000, extension 65901.

Non-VA Hospitalization

If you need to be admitted to a Non-VA hospital, the VA, except under very special circumstances, will not pay for the care. These circumstances are usually limited to care and treatment of a veteran for a service-connected condition for emergency care when VA facilities are not feasibly available. The eligibility requirements for non-VA Hospitalizations are very specific. As a result, it is very important for your physician, or the administrative clerk, at the private hospital to call, day or night and request VA authorization.

Eligibility for non-VA hospital care is based on the following criteria:

1. Any veteran for treatment of a service-connected condition (including a veteran released from the Armed Forces because of a disability incurred in the line of duty, for that disability).
2. A veteran who is participating in a Vocational Rehabilitation Program under 38 U.S.C. Chapter 31 and who is medically determined to be in need of medical services to accomplish the goals of the program.
3. Veterans needing hospital care for emergency conditions arising while receiving VA care in a VA or other federal facility.
4. Veterans needing hospital care for emergency conditions arising during authorized travel.

Points Of Contact

The telephone number(s) to call, if you are admitted to a non-VA hospital, are listed below.

Business Office Fee Basis Unit:

(650) 493-5000, ext. 65059 or 64716.

(Monday through Friday from 8:00 am - 4:30 pm, excluding holidays)

Administrative Officer of the Day (AOD):

(650) 493-5000, ext. 65867.

(from 4:30 pm through 8:00 am and weekends and holidays all day)

If this cannot be done right away, a request should be made as soon as possible and NEVER LATER THAN 72 HOURS after you have been admitted.

Remember, the VA may pay for inpatient services, but you must meet specific eligibility requirements. If you desire additional information regarding VA payment for non-VA hospitalizations, please contact Business Office Fee Basis Unit at the number above.

TRICARE

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TRICARE

VA Palo Health Care System is the largest VA contract provider of medical care to TRICARE eligible beneficiaries.

Outpatient Primary Care services are available for beneficiaries aged 2 years or older. Specialty care services, including hospitalization, are available for beneficiaries aged 16 years or older through referral from a primary care provider and upon preauthorization from TRICARE. For the convenience of the patient, prescriptions can also be filled by our pharmacy.

Who is eligible?

- Active duty personnel and their dependents.
- Retired military personnel who are covered by TRICARE.

Our Business Office will assist beneficiaries seeking medical care from the VA with obtaining the necessary preauthorization from their TRICARE Health Care Finder.

We encourage veterans that have dual VA/TRICARE eligibility to choose only one form of coverage when seeking care from the VA.

What will it cost?

The cost will vary depending upon your TRICARE coverage plan (Prime, Extra or Standard). Deductibles and co-payments are determined by TRICARE and will be factored into the VA billing process. If you are unsure of your co-payment and deductible amounts, please contact your TRICARE Health Care Finder at (800) 242-6788.

Our providers are TRICARE approved providers; therefore, you will not be billed for care at the non-TRICARE provider rate. Beneficiaries with TRICARE Standard coverage will only be responsible for the cost share associated with TRICARE Extra (15% savings).

After Hours Care

If you need to see your Primary Care Manager (PCM) after office hours and it is not an emergency, you must call our Telephone Care Program at 1-800-455-0057. If it is determined you need immediate care, you will have to obtain prior authorization before you can see a provider other than your PCM. This would apply to any urgent care obtained over the weekend, including federal holidays. You must call the Foundation Health Care Finder at 1-800-242-7688 for authorization. If you can contact your PCM within 24 hours, you may see a provider. Call your PCM the next business day and the VA/Tricare Coordinator will assist you in obtaining the authorization for you to cover that visit. You may also call the Health Care Information Line (HCIL) at 1-800-611-2883.

More About TRICARE?

For more information about TRICARE, please contact the VAPAHCS at any of the following locations:

Palo Alto (650) 493-5000

Livermore (925) 455-7444

San Jose (408) 363-3000

Monterey (831) 883-3800

Sonoma

Modesto (209) 558-7300

CHAMPVA

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CHAMPVA

CHAMPVA is a health benefits program in which the Department of Veterans Affairs (VA) shares with eligible beneficiaries, the cost of certain healthcare services and supplies. The administration of CHAMPVA is centralized to VA's Health Administration Center (HAC) in Denver, Colorado. Eligibility for CHAMPVA benefits is limited to:

- Dependents of veterans who have been rated by VA as having a total and permanent disability,
- Survivors of veterans who died from VA-rated service-connected conditions, or who at the time of death, were rated permanently and totally disabled from a VA-rated service-connected condition; and
- Survivors of persons who died in the line of duty and not due to misconduct. Under CHAMPVA, VA shares the cost of covered healthcare services and supplies with eligible beneficiaries.

Assistance/How To Apply

Prospective applicants are encouraged to contact the Health Administration Center using the below listed toll-free telephone number for assistance or to obtain an [*Application for CHAMPVA Benefits*](#) (VA Form 10-10D). When calling for an application, please select the *application form* option from the voice-mail menu. To help reduce the volume of telephone calls during business hours, please consider placing calls for forms during evening or weekend hours.

Business hours are 9:30AM-1:30 PM and 2:30PM-5:30PM Eastern Time Monday through Friday excluding federal holidays.

1-800-733-8387

Applications may also be requested by FAX at the following telephone number.

1-303-331-7804

AVAILABLE SERVICES

In addition to the specialty services described later in this booklet, VAPAHCS provides the following services. (NOTE: Not all services are available at all sites. Please call to determine if the service you are interested in is available at the VA location near you.)

- Inpatient hospital, medical, surgical, and mental healthcare, including care for substance abuse
- Ambulatory medical, surgical, and mental healthcare, including care for substance abuse
- Comprehensive rehabilitative care and services
- Home healthcare and services (Special criteria apply.)
- Reconstructive (plastic) surgery as a result of disease or trauma
- Preventive services including immunizations, screening tests, health education and training classes, etc.
- Respite and hospice care
- Drugs and pharmaceuticals including medically necessary over-the-counter drugs approved by the VA national formulary system

- Durable medical equipment and prosthetic and orthotic devices deemed necessary in the course of VA treatment, with some limitations on the provision of eyeglasses and hearing aids

Services Not Covered

- Special private duty nursing except for those veterans whose condition warrants frequent or individual attention
- Cosmetic surgery except where determined by VA to be medically necessary for reconstructive or psychiatric care
- Gender alteration
- Health clubs and spas for rehabilitation
- Services not ordered and provided by licensed/accredited professional staff
- Abortions

Primary Care

When you come to the VAPAHCS, you will be assigned to a primary care team. This team will be in charge of your care. Our goal is to have you see your assigned provider at all visits.

Medical Services

During your initial visit, your provider will perform a complete health evaluation to learn about your past medical problems (diabetes, heart disease, service-connected disabilities, etc.) and to address your health concerns. Your provider will write or adjust prescriptions and order lab tests and/or x-rays as necessary. If you need a consultation with a specialist, your provider can arrange an appointment and ensure findings by the specialist become part of your healthcare plan.

Preventive Health Services

Prevention of illness and promotion of a healthy lifestyle are important. Your primary care team will be able to provide comprehensive health screenings. This includes, but is not limited to cholesterol screens, PAP smears, flu shots, and depression screening. They can also arrange individualized counseling in exercise, nutrition, smoking cessation, stress reduction skills and pain management as needed.

Specialty Services

- Addiction Treatment Services (ATS)
- Audiology & Speech Pathology
- Blind Rehabilitation Center
- Brain Injury
- Cardiac Surgery
- Cardiology
- Comprehensive Rehabilitation Center
- Dental

- Dermatology
- Ear-Nose-&-Throat
- General Surgery
- Geriatrics (including long-term care)
- Geriatric Research Education & Clinical Center
- Gynecology
- Hand Surgery
- HIV & AIDS Treatment
- Homeless Veterans Program
- Hospice & Respite Programs
- Lithotripsy
- Magnetic Resonance Imaging
- Mental Health
- National Center for Post Traumatic Stress Disorder
- Neurology
- Neurosurgery
- Nuclear Medicine
- Nursing Home
- Occupational Therapy
- Optometry
- Oncology
- Older Adult & Family Center
- Ophthalmology
- Orthopedics
- Physical Therapy
- Plastic Surgery
- Podiatry
- Positron Emission Tomography (PET)
- Prosthetics
- Radiology
- Recreation Therapy
- Rehabilitation Research and Development Center
- Schizophrenia Biologic Research Center
- Social Work
- Spinal Cord Injury Center
- Urology
- Women Veterans Program
- and many others

TELEPHONE CARE SERVICES

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PLEASE NOTE: These telephone services are **NOT EMERGENCY** services! If you have a medical emergency, please dial **911**.

Telephone Care Program (TCP)

The Telephone Care Program gives you direct access to a Patient Services Advisor and

an Advice Nurse so that you can receive personalized, timely attention for your healthcare concerns.

TCP can answer questions about:

- Scheduling/canceling appointments
- Health problems
- Access to the healthcare system/eligibility
- Medications
- VA and community resources

TCP is only a phone call away.

Call (650) 496-2579 or 1-800-455-0057.

Hours of Operation:

TCP operates Monday - Friday from 8:00 am to 4:00 pm, except holidays.

For urgent health concerns, an Advice nurse is available 24 hours a day including weekends and holidays.

Telephone Information System (TIS)

TIS is an automated program that makes access to important information only a phone call away.

By calling TIS you can automatically:

- Refill your medications
- Get information about your prescriptions or speak to a pharmacist
- Get information about your clinic appointments for the next 30 days
- Get information about your co-pay account balance

How to use TIS:

- Call (650) 496-2580 or 1-800-311-2511 using a touch tone phone.
- Enter your full 9-digit social security number followed by #.
- You will be asked to choose one of the following options:
 - For information about future appointments, press 1 on your touch tone phone.
 - For pharmacy information, press 2 on your touch tone phone.
 - For information about account balances, press 3 on your touch tone phone.
 - you need the prescription number from your current prescription label.

Hours of Operation:

Since TIS is an automated system, it is available 24 hours a day, 7 days a week, including holidays.

VA Information and Referral Service (VAIRS)

- VAIRS gives you direct access to a Social Work representative who can provide information about our support groups, mental health programs, case management, rehabilitation programs for chemical dependence, stroke, trauma or spinal cord injury.
- VAIRS also offers links with local community agencies for resources not available within VAPAHCS.
- VAIRS can be contacted through the same number and has the same hours of operation as TCP:
(650) 496-2579 or 1-800-455-0057,
Monday - Friday from 8:00 am - 4:00 pm, except holidays.

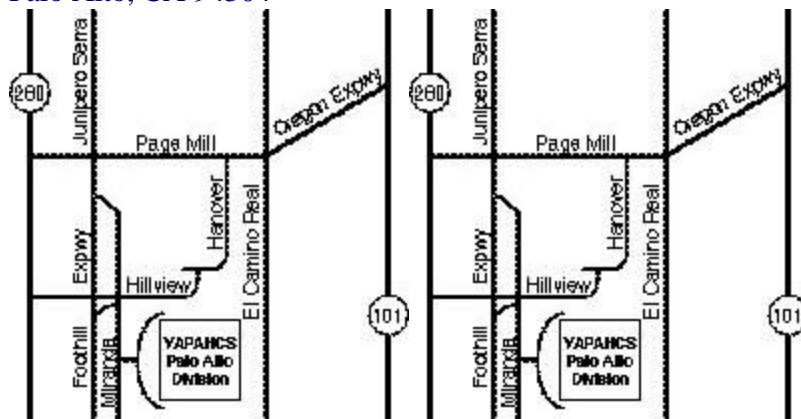
DIRECTIONAL MAPS

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Palo Alto Division

3801 Miranda Avenue

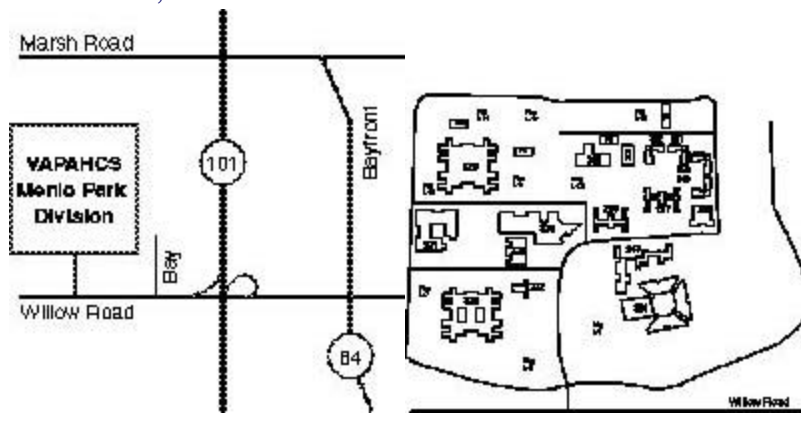
Palo Alto, CA 94304



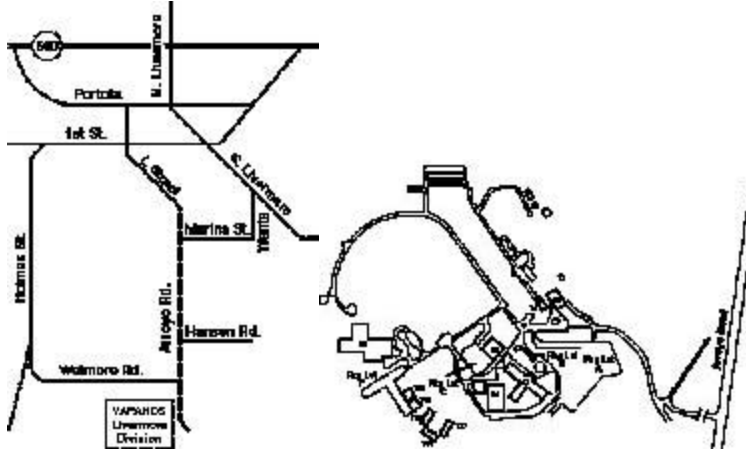
Menlo Park Division

795 Willow Road

Menlo Park, CA 94025



4951 Arroyo Road
Livermore, CA 94550



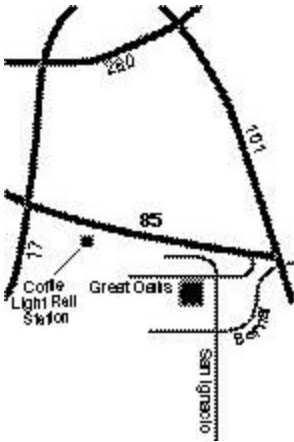
826 Scenic Dr.
Modesto, CA 95350



Co-located at Fort Ord
3401 Engineer Lane
Seaside, CA 939



80 Great Oaks Blvd
San Jose, CA 95119



VA Capitola Clinic

Co-located at the Santa Cruz County Vet Center
 1350 N. 41st Ave., Suite 102
 Capitola, CA 95060



VA Stockton Clinic

Co-located on the campus of San Joaquin General Hospital
 500 West Hospital Rd
 Stockton, CA 95231



VA Outpatient Sonora Clinic

750 Pauline Court
 Sonora, CA 95370

FREQUENTLY CALLED TELEPHONE NUMBERS

[\(Click here to return to Contents section\)](#)

Palo Alto Division

3801 Miranda Avenue
Palo Alto, CA 94304
(650) 493-5000

Menlo Park Division

795 Willow Road
Menlo Park, CA 94025
(650) 493-5000

Livermore Division

4951 Arroyo Road
Livermore, CA 94550
(925) 447-2560

VA Modesto Clinic

826 Scenic Dr.
Modesto, CA 95350
(209) 558-7300

VA Monterey Clinic

Co-located at Fort Ord
3401 Engineer Lane
Seaside, CA 93955
(831) 883-3800

VA San Jose Clinic

80 Great Oaks Blvd
San Jose, CA 95119
(408) 363-3000

VA Capitola Clinic

Co-located at the Santa Cruz County Vet Center
1350 N. 41st Ave., Suite 102
Capitola, CA 95060
(831) 464-5519

VA Stockton Clinic

Co-located on the campus of San Joaquin General Hospital
500 West Hospital Rd
Stockton, CA 95231
(209) 468-7040

VA Outpatient Clinic

750 Pauline Court
Sonora, CA 95370

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Telephone Care

(650) 496-2579 or
1-800-455-0057